

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

ADDRESS (number and street)

26220 ENTERPRISE COURT

☐Check if different
than previously
reported. (ACC)

LAKE FOREST

CA

92630

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00240218

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RAOUL SMYTH

Signature of Treasurer

Electronically Filed by RAOUL SMYTH

Date

01

28

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		22046.15
(b) Cash on Hand at Beginning of Reporting Period	27913.65	
(c) Total Receipts (from Line 19)	39020.00	74387.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66933.65	96433.65
7. Total Disbursements (from Line 31)	11000.00	40500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55933.65	55933.65
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	32730.00	47385.00
(ii) Unitemized	6290.00	23502.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39020.00	70887.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39020.00	70887.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39020.00	74387.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39020.00	74387.50

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	40500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11000.00	40500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	40500.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	39020.00	70887.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39020.00	70887.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Gary T Ake

Mailing Address 249 Eastfield Ave

City

Stedman

State

NC

Zip Code

28391-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9887

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Harriet C. Alberty

Mailing Address 3125 S Hills Ct

City

Denver

State

CO

Zip Code

80210-6829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

Sr. VP, Infusion Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: 207

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Robert Allen

Mailing Address 7334 S Chapparral Cir W

City

Centennial

State

CO

Zip Code

80016-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

EVP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9888

Amount of Each Receipt this Period

1400.00

Payroll Deduction

(\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1870.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Amy J Anderson

Mailing Address 6699 Old Ridge Rd

City

Fairview

State

PA

Zip Code

16415-2056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria

Occupation

Branch Manager 1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9889

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Rochelle Arini-Moza

Mailing Address 20063 Balmoral Dr

City

Macomb

State

MI

Zip Code

48044-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9890

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Thomas J. Barron

Mailing Address 48 Summit Ave

City

Quincy

State

MA

Zip Code

02170-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Divison VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9892

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Robin Barton

Mailing Address 23082 Mullin Rd

City

Lake Forest

State

CA

Zip Code

92630-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP, Revenue Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9893

Amount of Each Receipt this Period

1050.00

Payroll Deduction

(\$75.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Doreen R Bellucci

Mailing Address 2 Brigmore Aisle

City

Irvine

State

CA

Zip Code

92603-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9895

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Donna S Blake

Mailing Address 14107 Pembroke St

City

Leawood

State

KS

Zip Code

66224-4553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9896

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

James C Bowers

Mailing Address 256 Aerie Ct

City

Roseville

State

CA

Zip Code

95661-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9898

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Richard D. Brady

Mailing Address 9910 Camberly Ct

City

Granite Bay

State

CA

Zip Code

95746-6653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9899

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Bruce E Brindle

Mailing Address 3396 Altherton Dr

City

Bethel Park

State

PA

Zip Code

15102-1161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9901

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Alana J Burton

Mailing Address 20 Relampago

City

Rancho Santa Marg

State

CA

Zip Code

92688-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Mgr Info Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: 217-P9381

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Albert J. Cafferty

Mailing Address 46 Forest St

City

Whitman

State

MA

Zip Code

02382-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9903

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Carl L. Caldwell

Mailing Address 513 California Ave

City

Oakdale

State

CA

Zip Code

95361-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9904

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Mark A Centolella

Mailing Address 8304 Codys Cors

City

Cicero

State

NY

Zip Code

13039-7921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9905

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Danny R. Claycomb

Mailing Address 6301 Shea Pl

City

Highlands Ranch

State

CO

Zip Code

80130-8026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

SVP, IV Billing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9906

Amount of Each Receipt this Period

270.00

Payroll Deduction

(\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kirby Combs

Mailing Address 320 Urbano Dr

City

San Francisco

State

CA

Zip Code

94127-2869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9908

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

William F. Comer

Mailing Address 8350 SW Sexton Mountain Ct

City

Beaverton

State

OR

Zip Code

97008-7476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

VP, Federal Health Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9909

Amount of Each Receipt this Period

300.00

Payroll Deduction

(\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kenneth A. Common

Mailing Address 1238 N Raymond Ave

City

Fullerton

State

CA

Zip Code

92831-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Real Estate Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9910

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Deborah J Crimmins

Mailing Address 4 Blossom Hill Ct

City

Rexford

State

NY

Zip Code

12148-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Strat Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 206-P8437

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Karen Cultrera

Mailing Address 66 Kendall Hill Rd

City

Mont Vernon

State

NH

Zip Code

03057-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Infusion Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9911

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jeannine M. Delivron

Mailing Address 24 Crestwood Dr

City

Avon

State

CT

Zip Code

06001-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9913

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Howard Derman

Mailing Address 1 Faith

City

Irvine

State

CA

Zip Code

92612-3253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

EVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9914

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Michael K Dwyer

Mailing Address 408 W State St

City

Burlington

State

WI

Zip Code

53105-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area Operations Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9915

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Robb W Eaton

Mailing Address 14602 W 91st Ter

City

Lenexa

State

KS

Zip Code

66215-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9916

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Thomas R. Farley

Mailing Address 591 N Chambers St

City

Galesburg

State

IL

Zip Code

61401-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9918

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Carl M. Fink

Mailing Address 12005 Starview Ct

City

Potomac

State

MD

Zip Code

20854-2858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

VP, Outcome & Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9920

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Stephen L Foreman

Mailing Address 5 Hempstead St

City

Ladera Ranch

State

CA

Zip Code

92694-0229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ancillary Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9921

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Matthew J Gallagher

Mailing Address 5 Safeguard Pl

City

Irvine

State

CA

Zip Code

92602-0757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Sales Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9922

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Lisa M Getson

Mailing Address 24806 Oxford Dr

City

Laguna Niguel

State

CA

Zip Code

92677-8870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Govt Rel/Invst Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9924

Amount of Each Receipt this Period

1050.00

Payroll Deduction

(\$75.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven D Gradwell

Mailing Address 1549 W Saltsage Dr

City

Phoenix

State

AZ

Zip Code

85045-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9925

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael A Graves

Mailing Address 7430 Lombardi Dr

City

Plainfield

State

IN

Zip Code

46168-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir, Enteral Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9926

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1680.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Daniel E. Greenleaf

Mailing Address 4550 E Perry Pkwy

City

Greenwood Village

State

CO

Zip Code

80121-2199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9927

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Stephanie A Grim

Mailing Address 221 Billingsrath

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Dir National Cash Dept

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9928

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Thomas M. Halpin

Mailing Address 8754 Cranbrook Ln

City

Bridgeview

State

IL

Zip Code

60455-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation
Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9929

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Judith L. Hanna

Mailing Address 1418 Marietta Ave

City

Lancaster

State

PA

Zip Code

17603-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Infusion Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9930

Amount of Each Receipt this Period

130.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Dwayne A Hargis

Mailing Address 926 Ironwood Trl

City

Greenwood

State

IN

Zip Code

46143-3042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9931

Amount of Each Receipt this Period

630.00

Payroll Deduction

(\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael E. Harper

Mailing Address 69818 Camino Pacifico

City

Rancho Mirage

State

CA

Zip Code

92270-1871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Employee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9932

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Paul L Heuvel

Mailing Address 1513 Via Tulipan

City

San Clemente

State

CA

Zip Code

92673-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Billing Center Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9934

Amount of Each Receipt this Period

560.00

Payroll Deduction

(\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Robert S Holcombe

Mailing Address 38 Oakbrook

City

Coto de Caza

State

CA

Zip Code

92679-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9935

Amount of Each Receipt this Period

1050.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Janet L Hunt

Mailing Address 22121 Stillwater

City

Mission Viejo

State

CA

Zip Code

92692-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir IS Support Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9936

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1680.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Shari A. Jeter

Mailing Address 9867 W Berry Dr

City

Littleton

State

CO

Zip Code

80123-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Contacts Center Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9937

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Christopher A. Karkenny

Mailing Address 652 10th St

City

Hermosa Beach

State

CA

Zip Code

90254-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

EVP, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9939

Amount of Each Receipt this Period

600.00

Payroll Deduction

(\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jerry Kellems

Mailing Address 2030 N Talbott St

City

Indianapolis

State

IN

Zip Code

46202-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9940

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Anthony R. Kilgore

Mailing Address 3050 Henry Ln

City

Lake In The Hills

State

IL

Zip Code

60156-6761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9941

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kevin D Kinsey

Mailing Address 3 Vista del Cerro

City

Aliso Viejo

State

CA

Zip Code

92656-6039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Enterprise Architecture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: 211-P8713

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jerome D Lafontaine

Mailing Address 8445 S Newcombe St

City

Littleton

State

CO

Zip Code

80127-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9944

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Mark S. Lantz

Mailing Address 9918 E 400 S

City

Greentown

State

IN

Zip Code

46936-8960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9945

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Melissa Leone

Mailing Address 150 Bear Path Rd

City

Hamden

State

CT

Zip Code

06514-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9946

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jeffrey R. Lyons

Mailing Address 12844 Bluejacket St

City

Overland Park

State

KS

Zip Code

66213-3435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9947

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Winborne T Macphail

Mailing Address 4406 Staghorn Ct

City

Greensboro

State

NC

Zip Code

27410-8285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9948

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Clinton K. Marshall

Mailing Address 7210 Inwood Dr.

City

Woburn

State

MA

Zip Code

01801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9950

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Lawrence Mastrovich

Mailing Address 5 Flax Ct

City

Coto de Caza

State

CA

Zip Code

92679-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9951

Amount of Each Receipt this Period

1400.00

Payroll Deduction

(\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Michael F. McGrath

Mailing Address 1209 Reggio Aisle

City

Irvine

State

CA

Zip Code

92606-0855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir. Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9952

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mary K. McHugh

Mailing Address 1011 Ashwood Ln

City

Medina

State

OH

Zip Code

44256-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

RVP, Infusion Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9953

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael L McKinney

Mailing Address 209 Nunzia Ct

City

Roseville

State

CA

Zip Code

95661-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9954

Amount of Each Receipt this Period

700.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

George G. Meadows

Mailing Address 1319 Forest Trails Dr

City

Castle Rock

State

CO

Zip Code

80108-8284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

Sr. VP, Managed Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9955

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Cregg E. Mericle

Mailing Address 310 W Broadway St

City

Plattsburg

State

MO

Zip Code

64477-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9956

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Dean W. Milligan

Mailing Address 521 Andalusian Rd

City

Schwenksville

State

PA

Zip Code

19473-1882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9842

Amount of Each Receipt this Period

840.00

Payroll Deduction

(\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1090.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Theresa A Noble

Mailing Address 41427 N Laurel Valley Way

City

Anthem

State

AZ

Zip Code

85086-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9943

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Deborah L. Nuzum

Mailing Address 613 Fairington Dr

City

Summerville

State

SC

Zip Code

29485-8619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9843

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Patrick D O Donnell

Mailing Address 167 Waybury Rd

City

Colchester

State

VT

Zip Code

05446-6960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9844

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Sarah E. O'Grady

Mailing Address 2354 Cobble Hill Ter

City

Silver Spring

State

MD

Zip Code

20902-7625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram

Occupation

Director, Solutions Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9845

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Dena R Parker

Mailing Address 18 San Marco

City

Aliso Viejo

State

CA

Zip Code

92656-5226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Sr. VP, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9847

Amount of Each Receipt this Period

1050.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Bharat Patel

Mailing Address 10251 Sherwood Cir

City

Villa Park

State

CA

Zip Code

92861-4531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9848

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Norman C. Payson

Mailing Address 453 Beech Hill Rd

City

Hopkinton

State

NH

Zip Code

03229-2674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9849

Amount of Each Receipt this Period

600.00

Payroll Deduction

(\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven E. Pharr

Mailing Address 2408 Silverstone Ln

City

McKinney

State

TX

Zip Code

75070-5520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

RVP, Infusion Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9850

Amount of Each Receipt this Period

600.00

Payroll Deduction

(\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mark A Pietrow

Mailing Address 13205 Granada Dr

City

Leawood

State

KS

Zip Code

66209-4182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9852

Amount of Each Receipt this Period

700.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Michael Polgardy

Mailing Address 57 Pathstone

City

Irvine

State

CA

Zip Code

92603-0171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9853

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Carol Policelli

Mailing Address 2600 Shieldale Dr

City

Winston Salem

State

NC

Zip Code

27107-3654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9854

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Peter C Racine

Mailing Address 32 Las Pisadas

City

Rancho Santa Marg

State

CA

Zip Code

92688-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Supply Chain Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9855

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Norma G. Reynard

Mailing Address 744 W Juniper Ln

City

Litchfield Park

State

AZ

Zip Code

85340-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division Revenue Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9856

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

David F. Rockwell

Mailing Address 10004 Noor Ave NE

City

Albuquerque

State

NM

Zip Code

87122-3360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9858

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kimberlie K Rogers-Bowers

Mailing Address 91 E Chevalier Ct

City

Eighty Four

State

PA

Zip Code

15330-2691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Sr VP Reg Affairs & Acq I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9859

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

William F Ryan

Mailing Address 21832 Delicia Dr

City

Trabuco Canyon

State

CA

Zip Code

92679-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Corporate Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: 215-P9171

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Garrett Y Saito

Mailing Address 28 Flintstone

City

Aliso Viejo

State

CA

Zip Code

92656-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9860

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Tami Salley

Mailing Address 304 Oak Ridge Dr

City

Venetia

State

PA

Zip Code

15367-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9861

Amount of Each Receipt this Period

840.00

Payroll Deduction

(\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Scott M Sasserson

Mailing Address 13 Willowglade

City

Trabuco Canyon

State

CA

Zip Code

92679-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9862

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Richard H. Scholl

Mailing Address 7 Slater Dr

City

Stony Point

State

NY

Zip Code

10980-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division Respiratory Mgr.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9863

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

David C Sears

Mailing Address 119 Cobham Lane Roa

City

Cabot

State

PA

Zip Code

16023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Area VP Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9864

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

David L. Slack

Mailing Address 1 Via Lavendera

City

Rancho Santa Marg

State

CA

Zip Code

92688-1472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Dir IS Support Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9868

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Sandra L. Slentz

Mailing Address 4050 S 1100 W

City

Modoc

State

IN

Zip Code

47358-9520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9869

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Raoul Smyth

Mailing Address 11 Ensueno E

City

Irvine

State

CA

Zip Code

92620-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9870

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City

Orange

State

CA

Zip Code

92869-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

VP Business Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9874

Amount of Each Receipt this Period

420.00

Payroll Deduction

(\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City

Coto de Caza

State

CA

Zip Code

92679-4956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Exec VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9875

Amount of Each Receipt this Period

1050.00

Payroll Deduction

(\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Deanna P Thompson

Mailing Address 177 Montalvo Rd

City

Redwood City

State

CA

Zip Code

94062-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9876

Amount of Each Receipt this Period

700.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Barbara S Underwood

Mailing Address 370 Oakwood Ct

City

Palatine

State

IL

Zip Code

60067-7729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Division Customer Serv Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9877

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Scott R Van Hoose

Mailing Address 191 University Blvd # 817

City

Denver

State

CO

Zip Code

80206-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Director, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9878

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Andrew Wagner

Mailing Address 670 Carson Ct

City

Carmel

State

IN

Zip Code

46033-9744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional Logistics Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9879

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Jay C Wendt

Mailing Address 26 Shearwater Pl

City

The Woodlands

State

TX

Zip Code

77381-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9881

Amount of Each Receipt this Period

270.00

Payroll Deduction

(\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Julie Williams

Mailing Address 9827 Donegal Dr

City

Dallas

State

TX

Zip Code

75218-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

Director, Ambulatory Infctive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9882

Amount of Each Receipt this Period

175.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Catherine M. Wyant

Mailing Address 2138 Fairland St

City

Pittsburgh

State

PA

Zip Code

15210-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9883

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Mary F. Zega

Mailing Address 10346 Alveston St

City

Orland Park

State

IL

Zip Code

60462-3072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

SVP, Infusion Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9885

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven A Zoellner

Mailing Address 9936 Ridgewood Dr

City

Minocqua

State

WI

Zip Code

54548-9157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 221-P9886

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

32730.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

BENNET FOR COLORADO

Mailing Address 2300 15TH STREET SUITE 425

City State Zip Code
DENVER CO 80202Purpose of Disbursement
Contribution to Senate candidateCandidate Name
MICHAEL F BENNET011
Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: CO	District: 00		

Transaction ID: 208

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City State Zip Code
NEW CASTLE DE 19720Purpose of Disbursement
Contribution to Senate candidateCandidate Name
THOMAS R CARPER011
Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2012
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: DE	District: 00		

Transaction ID: 204

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City State Zip Code
LAS VEGAS NV 89132Purpose of Disbursement
Contribution to Senate candidateCandidate Name
HARRY REID011
Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: NV	District: 00		

Transaction ID: 200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement
Contribution to Senate candidate

Candidate Name
BLANCHE LAMBERT LINCOLN

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: 202

Date of Disbursement

12 / 29 / 2009

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
HOYER FOR CONGRESS

Mailing Address 4201 Northview Dr, Ste 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement
Contribution to House candidate

Candidate Name
STENY HAMILTON HOYER

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: 201

Date of Disbursement

10 / 23 / 2009

Amount of Each Disbursement this Period

2750.00

C. Full Name (Last, First, Middle Initial)
KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City MIAMI State FL Zip Code 33169

Purpose of Disbursement
Contribution to Senate candidate

Candidate Name
KENDRICK B MEEK

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 00

Transaction ID: 209

Date of Disbursement

11 / 11 / 2009

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)
STABENOW FOR US SENATE

Mailing Address PO BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Contribution to Senate candidate

Candidate Name
DEBBIE STABENOW

Office Sought: ☐ House
☒ Senate
☐ President

State: MI District: 00

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 199

Date of Disbursement

07 / 24 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road

City Columbus State OH Zip Code 43229

Purpose of Disbursement
Contribution to House candidate

Candidate Name
PATRICK J TIBERI

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 12

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 203

Date of Disbursement

12 / 29 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

11000.00